



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY, SUITE 620
NASHVILLE, TENNESSEE 37243
615-741-1831

CHANGE OF INFORMATION

Last Name First Name MI License Number

ADDRESS INFORMATION

Please indicate the type of address change by marking an "X" in the appropriate box below.
This form must be accompanied with a \$25 check or Money Order made payable to the State of Tennessee if making a change of address.
Trainees are not required to pay this fee.

☐ MAILING ADDRESS ☐ BUSINESS ADDRESS ☐ RESIDENTIAL ADDRESS

Business Name (if applicable) PO Box Suite Number

Street Address Apartment Number

City State Zip Code

Effective Date: _____

PHONE NUMBER INFORMATION

☐ Business Number ☐ Residential Number

Area Code

Phone Number

Area Code

Phone Number

Effective Date: _____

NAME CHANGE INFORMATION

Previous Name

Please submit supporting documentation

Current Name

Last Name First Name MI Last Name First Name MI